

### **AFGHANISTAN**

DHAPP has continued to work with Afghan military officials and US Embassy personnel to commence the establishment of a comprehensive HIV/AIDS prevention/education program. During this quarter, funding was sent to Afghanistan to support the travel of two Afghan military physicians and one interpreter to the Regional Training Center in Bangkok, Thailand, where they attended the HIV/AIDS prevention train-the-trainers course held there in June. Other funding is slated to be sent for the commencement of the military's program. DHAPP staff members will travel to Afghanistan in August 2005 to assist with the logistics of the start of their program.



### **ALBANIA**

DHAPP staff members have continued collaborative efforts with Albanian military officials and US Embassy staff to establish a comprehensive HIV/AIDS prevention/education program for military members in Albania. DHAPP funding for these efforts has been approved and is planned to be sent in the upcoming quarter. As of this reporting date, no funding has been sent to Albania.



#### **ANGOLA**

The Charles R. Drew University of Medicine and Science has continued to provide exceptional results in its work with the Angolan Armed Forces (FAA), specifically in the areas of prevention and care. During the reporting period, the FAA prevention program exceeded its goal of training 100 peer advocates by training 550 peer advocates in the importance of condom use and sharing razors in preventing the transmission of HIV/AIDS. These advocates have trained 2800 additional military personnel using the information they have learned, for a total of 3350 troops. The advocates have continued to share their knowledge with other military personnel. Twenty thousand brochures with information describing condom and clean razor use to prevent HIV/AIDS have been distributed to the FAA. FAA personnel will be distributing the brochures further. Nine hundred military personnel have been interviewed related to their knowledge, practice, and planned behavior related to condom use to prevent the spread of HIV/AIDS. These baseline interviews began in March 2005 and are expected to be complete in July 2005. Follow-up interviews will be conducted in 6 months to detect any changes effected by the peer advocate training.

In the area of HIV/AIDS care, the FAA worked to resolve confidentiality and quality control issues as they pertain to Counseling and Testing centers and decided that these will be best maintained if CT centers are at fixed, predefined sites. With this decision, it has been determined that CT teams will now be trained and set up to deliver CT services in fixed locales. Planning meetings also resulted in a plan of implementation that will train personnel for CT sites at 2 military units in Luanda. One of these sites will be at the main army base and the other at the main FAA Air Force base. The FAA Army and Air Force bases in Luanda have set up facilities where CT services will be provided. The CT teams will receive their training in Luanda and will be provided with intensive and extensive practical training at the main military hospital in Luanda. The training will be implemented by Drew University, and protocols created for these purposes will serve as the standard to be used by the FAA in the future. Training is planned to begin at the end of July 2005. The FAA will be implementing such services as soon as personnel are trained.



### **BARBADOS**

Current efforts in HIV/AIDS prevention projects for military members in Barbados are being undertaken by the Uniformed Services University of the Health Sciences (USUHS) as part of a collaborative agreement between DHAPP and USUHS. Toward the end of the current reporting period, DHAPP funding was released to the implementing partner for commencement of activities. DHAPP looks forward to the start of the program in Barbados and forthcoming results.



### **BELIZE**

Current efforts in HIV/AIDS prevention projects for military members in Belize are being undertaken by the Uniformed Services University of the Health Sciences (USUHS) as part of a collaborative agreement between DHAPP and USUHS. Toward the end of the current reporting period, DHAPP funding was released to the implementing partner for commencement of activities. DHAPP looks forward to the start of the program in Belize and forthcoming results.



#### **BENIN**

The Benin Armed Forces (BAF) sent data during this reporting period that encompass both second and third quarters. Since the quarterly report for January to March did not include any numbers, both quarters' results are included here.

The BAF reported significant accomplishments in prevention activities during the reporting period. Community outreach programs that focused on abstinence and/or being faithful reached 55 female Navy members. Forty-eight condom service outlets were maintained. All condoms service outlets were managed by the various decentralized units, and were provided with condoms during the monitoring activity. These decentralized units involve 250 peer educators who were trained in HIV/AIDS prevention techniques in May–June 2003. They will receive follow-up training in fiscal year 2006.

Training for military health personnel in the use of HIV rapid test kits was performed, with a focus on injection safety. Thirty military health personnel attended the training, including 5 lab technicians, 7 military medical doctors, 13 nurses, and 5 midwives. In addition, 2 military service outlets provided prevention of mother-to-child-transmission services. Two hundred and twenty-eight military women or family members were reached, including 30 pregnant women who received a complete course of antiretroviral prophylaxis.

Seven hundred and eighty-four troops (294 men, 345 women) were tested for HIV and received their results at 4 Counseling and Testing (CT) centers in the BAF. Of the 784 troops who received CT, 320 were troops involved in peacekeeping missions, while 464 troops received CT services at the various CT centers. CT centers are located in Cotonou, Porto-Novo, Ouidah, and Parakou. The center in Cotonou accounted for 80% of the CT services provided. In addition, 3 military members were provided with palliative care for HIV (2 men, 1 woman).

One hundred and thirty-six new military members or their family members initiated therapy during the reporting period (37 adult males, 41 adult females, 32 pediatric males, 24 pediatric females). Four hundred and forty-nine patients reported having ever received

antiretroviral therapy (ART) (133 adult males, 118 adult females, 110 pediatric males, 83 pediatric females). Finally, 229 soldiers or family members were receiving ART at the end of the reporting period (94 adult males, 96 adult females, 19 pediatric males, 18 pediatric females). Four military laboratories have the capability to perform CD4 and/or lymphocyte testing. Thirty people were trained in the provision of lab-related activities during the reporting period.

The project technical team is the only organization providing technical assistance related to HIV policy development and HIV-related institutional capacity building.



#### **BOTSWANA**

DHAPP staff members have maintained contact and collaborative interaction with military officials and US Embassy staff in Botswana to plan to expand their established comprehensive HIV/AIDS prevention/education program for military members in their country. As of this reporting date, DHAPP desk officers have maintained active roles as members of the Botswana country core team at the Office of the Global AIDS Coordinator (OGAC), providing support to the country team in its implementation of funding from the President's Emergency Plan for AIDS Relief. In this reporting period, no military-specific proposal for continued assistance has been received specifically for DHAPP consideration; therefore, at this time, no DHAPP funding has been sent to Botswana. DHAPP desk officers will continue to engage country team members through their association with the OGAC core team, as the country operational plan process begins for fiscal year 2006.



### **BURUNDI**

DHAPP is currently engaged in a collaborative interaction with military officials and US Embassy staff in Burundi for the implementation of important HIV/AIDS prevention efforts among/for military members there. Although DHAPP funding was provided for HIV prevention efforts in Burundi during the previous reporting period, no reporting data were received as of the submission of the current quarterly report.



### **CAMBODIA**

The HIV/AIDS prevention efforts currently taking place for military members in Cambodia are being performed in collaboration with the Center of Excellence in Hawaii. During this quarter, a proposal has been received for consideration by DHAPP and approved for action; however, at this time, no funding has been sent to Cambodia.



#### **CAMEROON**



#### **CHAD**



#### **CONGO-BRAZZAVILLE**



#### **CONGO-KINSHASA**



### **CÔTE D'IVOIRE**

Continued bilateral military programs for HIV prevention are currently suspended due to instability in the area; however, DHAPP personnel have maintained roles as members of the core team for the Office of the Global AIDS Coordinator, offering support to the in-country team in their country operational planning process for funding under the President's Emergency Plan for AIDS Relief in Côte d'Ivoire.



#### **DJIBOUTI**

The Djiboutian Armed Forces (FAD) HIV prevention program reported continued progress during this reporting period, specifically toward goals in prevention and care. During this quarter, community outreach programs with specific focus on abstinence and/or being faithful reached 510 military members (480 men, 30 women). Fifty troops were trained to provide prevention messages that focused primarily on abstinence and/or being faithful.

The FAD provided general HIV-related palliative care to 5 military members, and 10 individuals were trained in the provision of palliative care. Counseling and testing (CT) services for FAD members were provided to 50 members (40 men, 10 women). Two individuals were trained in CT according to national standards.

The FAD supported one site providing antiretroviral therapy (ART). During the reporting period, 5 people were provided with ART (adult males). Two of these received treatment for over 12 months continuously. Two health workers were trained in the provision of treatment at ART sites.

Six FAD lab technicians have been trained in laboratory activities. Of these, 4 of them are working at the French military hospital Bouffard. The FAD do not have laboratories with the capacity to perform HIV tests or CD4 counts. Analyses are performed at the French military hospital Bouffard.



### **DOMINICAN REPUBLIC**

Current efforts in HIV/AIDS prevention projects for military members in the Dominican Republic are being undertaken by the Uniformed Services University of the Health Sciences (USUHS) as part of a collaborative agreement between DHAPP and USUHS. Toward the end of the current reporting period, DHAPP funding was released to the implementing partner for commencement of activities. DHAPP looks forward to the start of the program in the Dominican Republic and forthcoming results.



### **EAST TIMOR**

DHAPP staff members have begun collaborative efforts with East Timor military officials and US Embassy personnel to establish a comprehensive HIV/AIDS prevention/education program. During this quarter, funding has been pledged and is planned to be sent; however, at this time, no funding has been sent to East Timor. Future collaborative efforts will establish a mechanism by which these funds can be expended.



### **EL SALVADOR**

Current efforts in HIV/AIDS prevention projects for military members in El Salvador are being undertaken by the Uniformed Services University of the Health Sciences (USUHS) as part of a collaborative agreement between DHAPP and USUHS. Toward the end of the current reporting period, DHAPP funding was released to the implementing partner for commencement of activities. DHAPP looks forward to the start of the program in El Salvador and forthcoming results.



### **EQUATORIAL GUINEA**



#### **ERITREA**

DHAPP staff members have maintained contact and collaborative interaction with military officials and US Embassy staff in Eritrea to plan to expand their established comprehensive HIV/AIDS prevention/education program for military members in their country. During this reporting period, DHAPP staff members visited Eritrea to assess possible laboratory and medical equipment procurement using Foreign Military Financing funding. A proposal for the use of these funds was established and the process of procurement has commenced. However, during this reporting period, no DHAPP funding was sent to Eritrea.



### **ETHIOPIA**

DHAPP is currently engaged in a collaborative interaction with military officials and US Embassy staff in Ethiopia for the implementation of important HIV/AIDS prevention efforts among military members there. As of this reporting date, DHAPP desk officers have maintained active roles as members of the Ethiopia country core team at the Office of the Global AIDS Coordinator, providing support to the country team in its implementation of funding from the President's Emergency Plan for AIDS Relief. Although significant funding was provided for HIV prevention efforts in Ethiopia during this reporting period, no reporting data were received as of the submission of the required quarterly updates.



#### **GABON**



### THE GAMBIA

Current efforts in HIV/AIDS prevention projects for military members in the Gambia have begun, with impressive initial success. During the current reporting period, DHAPP funding has been released to implementing partners in the Gambia for a comprehensive military HIV prevention program. As of the end of the current quarter, data were not available, but were expected shortly. DHAPP looks forward to the continued success of the new program in the Gambia and forthcoming results.



### **GEORGIA**

DHAPP staff members have begun early collaborative efforts with Georgian military officials and US Embassy personnel to establish a comprehensive HIV/AIDS prevention/education program for military members in their country. At this time, no funding has been sent to Georgia; however, DHAPP staff anticipate future implementation of a successful initial program there.



#### **GHANA**

DHAPP is currently engaged in a collaborative interaction with military officials and US Embassy staff in Ghana for the implementation of important HIV/AIDS prevention efforts among military members there. In this reporting period, the Ghana Armed Forces AIDS Control Programme made significant progress specifically in the areas of prevention and care. The Ghana Armed Forces reported that 71 individuals received counseling and testing and 2 individuals received prevention of mother-to-child transmission services during the April–June 2005 time period.



### **GUATEMALA**

Current efforts in HIV/AIDS prevention projects for military members in Guatemala are being undertaken by the Uniformed Services University of the Health Sciences (USUHS) as part of a collaborative agreement between DHAPP and USUHS. Toward the end of the current reporting period, DHAPP funding was released to the implementing partner for commencement of activities. DHAPP looks forward to the start of the program in Guatemala and forthcoming results.



#### **GUINEA**

The Guinean Armed Forces (GAF) sent data during this reporting period that encompass both second and third quarters. Since the quarterly report for January to March did not include any numbers, both quarters' results are included here.

The GAF reported significant accomplishments in prevention and peer education activities during the reporting period. Community outreach programs reached 4,920 troops (4821 men, 99 women). In addition, 220 peer educators were trained during the period. Each peer educator pair has completed at least one module of 12 sessions with 30 troops in the interpersonal program. The trainers are serving as supervisors in the targeted camps. Sixty condom service outlets were maintained during the reporting period.

One hundred troops (98 men, 2 women) were tested for HIV and received their results at 3 GAF Counseling and Testing (CT) centers. The Defense Attaché Office inaugurated a new CT center in the second largest city in Guinea, bringing the total to 3 that are now operational in the military system. Fully 60% of all clients at military health facilities are civilians. Statistics of troops tested are from GAF records. Three military laboratories have the capability to perform HIV testing.

The Minister of Defense's chief of staff reorganized the Ministry of Health National AIDS Prevention Committee and mandated the creation of local committees in each military installation in the country. Population Services International and its military counterparts will ensure the committees are formed and operational next period. Twelve people were trained in capacity building and stigma reduction.



### **GUYANA**

Current efforts in HIV/AIDS prevention projects for military members in Guyana are being undertaken by the US Southern Command as part of a collaborative agreement with DHAPP. During this quarter, DHAPP staff coordinated initial efforts with the Office of the Global AIDS Coordinator country team and worked as members of the core team for the President's Emergency Plan for AIDS Relief. Funding has been approved to support the military prevention and care sections of the Guyanan fiscal year 2005 country operational plan. Funding is expected to be sent shortly to commence these activities in Guyana.



### **HONDURAS**

Current efforts in HIV/AIDS prevention projects for military members in Honduras are being undertaken by the Uniformed Services University of the Health Sciences (USUHS) as part of a collaborative agreement between DHAPP and USUHS. Toward the end of the current reporting period, DHAPP funding was released to the implementing partner for commencement of activities. DHAPP looks forward to the start of the program in Honduras and forthcoming results.



#### **INDIA**

The International HIV/AIDS Workshop for Peer Leaders of the Armed Forces was the second workshop jointly organized by the Indian Armed Forces Medical Services (IAFMS) and the Center of Excellence in Disaster Management & Humanitarian Assistance, the implementing agent for the US Pacific Command (USPACOM) and DHAPP. The workshop was held at the Base Hospital in Delhi Cantonment, New Delhi, India, April 27-30. The purpose of the workshop was to train the trainers, targeting HIV/AIDS prevention peer leaders, including military medical officers, religious leaders, teachers, and community volunteers who serve within the military community. Thus, the HIV/AIDS Workshop for Peer Leaders of the Armed Forces brought together military and nonmilitary personnel who interact and work with soldiers and their families.

The workshop focused on key issues and related policy concerns regarding the science of HIV/AIDS, best practices in HIV/AIDS prevention and in mitigation of HIV/AIDS transmission in the military, counseling in the military environment, and specific counseling issues for peer leaders. In attendance were 60 members of the Indian Armed Forces community who have the responsibility of being commanders and medical and spiritual advisors or counselors to the soldiers, squadron leaders, teachers of the children, and mentors to the wives of the soldiers.

The Director General of the Indian AFMS/IAFMS opened the workshop, followed by the Chief of the Indian Naval Staff, US Embassy Charge d'Affaires, the Director of the UNAIDS Office on AIDS Security and Humanitarian Response, and several other high-ranking Indian Army officials. All offered words of welcome and acknowledgment of the disease and the importance of the military efforts to mitigate HIV/AIDS in India. The opening session also included lighting of the ceremonial lamp to symbolically "illuminate and rid of ignorance" about HIV/AIDS.



#### **INDONESIA**

The HIV/AIDS prevention efforts currently taking place among military members in Indonesia are being performed in collaboration with the United States Pacific Command (USPACOM) and the Center of Excellence in Disaster Management & Humanitarian Assistance (COE) in Hawaii. During this reporting period, a preliminary meeting was held in Hanoi, Vietnam, in May 2005, serving as the first bilateral engagement since Indonesian Armed Forces (TNI) medical leadership expressed interest in USPACOM assistance in a regional HIV/AIDS prevention program. Participants included the USPACOM Surgeon General (SG), the COE Director, an Armed Forces Research Institute for Medical Service (AFRIMS) technical advisor, NHRC delegation, a Joint United Nations Programme on HIV/AIDS (UNAIDS) representative, and the TNI SG. Talks focused on identifying potential dates for the working group meeting in Jakarta later in the fiscal year, and the composition of the bilateral HIV/AIDS working group. Follow-on meetings were held between the project lead and TNI SG in Honolulu, Hawaii, where the TNI SG was attending the humanitarian assistance training HELP I course (Health Emergencies in Large Populations). Discussions further solidified the working group composition and meeting dates in Jakarta, Indonesia. Tentative dates in mid-September were decided upon and COE and USPACOM are currently awaiting confirmation from the TNI SG upon his return to Indonesia. Currently, the US portion of the working group be represented by members of USPACOM, COE, UNAIDS, AFRIMS, and the Naval Medical Research Unit. The TNI SG Office will submit a complete list of TNI representatives.



### **KAZAKHSTAN**

DHAPP has commenced early collaborative interaction with military officials and US Embassy staff in Kazakhstan to establish a comprehensive HIV/AIDS prevention/education program for their country. At the end of March, DHAPP funded 2 physicians to attend the *Military International HIV Training Program* (MIHTP) in San Diego. During the current reporting period, these 2 Kazakhstan military physicians traveled to San Diego and attended the May 2005 MIHTP course. Feedback from the participants indicated that they felt the course would be of great assistance to them in the commencement of prevention, treatment and care programs for the military members in their country. At this time, no additional funding has been sent to Kazakhstan.



#### **KENYA**

The Kenyan Department of Defense (KDOD) HIV prevention program continued to report significant accomplishments during this reporting period, specifically in the areas of community outreach efforts, counseling and testing (CT) services, and treatment. During this quarter, 1596 soldiers (1064 men and 1532 women) were reached with community outreach prevention programs that focused primarily on abstinence and/or being faithful. Of these, 543 soldiers were reached with programs focused specifically on abstinence (362 men and 181 women). Fifteen military members were trained in the provision of prevention programs focusing on abstinence and/or being faithful. An additional 8750 male soldiers were reached in community outreach/peer education efforts that emphasized a comprehensive prevention message beyond abstinence and/or being faithful only. In addition, they have funded 40 condom service outlets.

KDOD reported 20 service outlets providing CT for military members. During the reporting period, 1251 soldiers received their test results in these facilities (919 men and 332 women). One hundred individuals were trained in CT during the reporting period. Fourteen service outlets are providing Kenyan soldiers and family members with information about prevention of mother-to-child-transmission (PMTCT) of HIV. As of the end of this reporting period, 297 military pregnant women had been provided with PMTCT services including CT. Of these, 3 were provided with a complete course of antiretroviral prophylaxis in accordance with national standards.

KDOD has 1 service outlet providing general HIV-related palliative care for infected troops and families. During this reporting period, 302 military patients (186 men and 116 women) received palliative care services, including care for tuberculosis\_(TB)/HIV. Sixteen received clinical prophylaxis for TB. Four health care workers were trained in palliative care, including the provision of TB prophylaxis.

KDOD had 1 service outlet providing antiretroviral therapy (ART). Six hundred and forty-one military patients had received treatment by the end of the reporting period (447 adult males, 161 adult females, 16 pediatric males, 17 pediatric females); 79 patients began treatment regimens (55 adult males, 19 adult females, 4 pediatric males, 1 pediatric

female). Ten health workers were trained in the provision of ART.

One laboratory has the capacity to perform CD4 counts. Three people were trained in the provision of laboratory services.



### **KYRGYZSTAN**

DHAPP continues to work with Kyrgyzstan on its HIV/AIDS prevention efforts. In this quarter DHAPP worked with the Kyrgyzstan military to develop a statement of work as a follow-up to their previously submitted country proposal for continued HIV/AIDS prevention work. DHAPP funding supported the travel of 2 military physicians to attend the *Military International HIV Training Program* in San Diego in March—April 2005. Participants relayed positive feedback from the course and stated that they felt it would enhance their ability to establish prevention, care, and treatment programs for HIV in their country. Cycle 2 DHAPP funds sent to date have been used to purchase software for 9 computers in an effort to establish infrastructure for the program.



### **LESOTHO**

The Lesotho Defense Force (LDF) HIV prevention program reported significant accomplishments during this and the previous reporting period, functioning out of the Makoanyane Military Hospital. The report submitted included numbers from January to June 2005, so the third quarterly report encompasses the same numbers as the second. Please see the second quarterly report (January to March 2005) for LDF data on prevention, care, and treatment targets.



#### **MADAGASCAR**

The Madagascar military HIV/AIDS prevention program, in collaboration with DHAPP, was able for the first time to collect data from their programs in 11 National Gendarmerie sites in the province of Antananarivo. During the reporting period, community outreach prevention programs were initiated at these sites, reaching 424 military members with messages that focused primarily on abstinence and/or being faithful. One targeted condom service outlet has been established.

One military hospital has instituted a program of blood safety activities. DHAPP looks forward to continued progress in the establishment and expansion of the promising HIV/AIDS prevention and care programs in Madagascar.



### **MALAWI**

DHAPP is currently engaged in a collaborative interaction with military officials and US Embassy staff in Malawi for the implementation of important HIV/AIDS prevention efforts in military members there. Although DHAPP funding was provided for HIV prevention efforts in Malawi during this reporting period, no reporting data were received as of the submission of the quarterly updates.



### **MALI**

DHAPP staff members have continued collaborative efforts with Malian military officials and US Embassy staff to establish a comprehensive HIV/AIDS prevention/education program for military members there. DHAPP funding for these efforts has been approved and should be sent shortly. As of this reporting date, no funding has been sent to Mali.



### **MAURITANIA**

According to the US Embassy in Mauritania, current bilateral efforts for HIV prevention are currently suspended due to instability and widespread famine in the area. DHAPP funding has been sent to Mauritania, and DHAPP personnel will continue to maintain active collaborative roles in anticipation of the commencement of efforts again in the near future.



### **MOROCCO**

DHAPP has continued to engage Moroccan military officials and US Embassy staff to establish a comprehensive HIV/AIDS prevention/education program for their military members. Morocco was slated to receive additional funding from the President's Emergency Plan for AIDS Relief in late fiscal year 2005, and DHAPP will work with the Moroccan military to establish the implementation of those funds. At the end of the current reporting period, no funding had been sent yet to Morocco.



### **MOZAMBIQUE**

DHAPP staff members have maintained contact and collaborative interaction with military officials and US Embassy staff in Mozambique to plan to expand their established comprehensive HIV/AIDS prevention/education program for military members in their country. As of this reporting date, DHAPP desk officers have maintained active roles as members of the Mozambican country core team at the Office of the Global AIDS Coordinator (OGAC), providing support to the country team in its implementation of funding from the President's Emergency Plan for AIDS Relief. In this reporting period, DHAPP staff members are actively engaged with Mozambique officials in the planning of an HIV behavioral and seroprevalence study, which should commence in the near future. Further, DHAPP continues to assist Mozambique with its established Counseling and Testing centers and in the process of renovating 2 more centers. DHAPP desk officers will continue to engage country team members through their association with the OGAC core team, as the country operational plan process begins for fiscal year 2006.



#### **NAMIBIA**

The Social Marketing Association/Population Services International Military Action and Prevention Programme (MAPP) reported significant progress in reaching its goals during work with the Namibian Defense Force, specifically those focusing on overall prevention targets. During the reporting period, MAPP reported reaching 2656 soldiers (2,127 men, 529 women) with a comprehensive prevention message. In addition, 73 soldiers were trained in HIV prevention activities, and another 30 health workers were trained in the provision of prevention of mother-to-child transmission information.

During this quarter, MAPP has visited over 2 dozen bases, battalions, and regiments, including Namibian Army Headquarters and military personnel who had just returned from peacekeeping missions in Liberia. The team worked to perfect its edutainment format, which has emerged as an effective and anticipated awareness model. Of note, medical officers returning from Liberia who had been educated on topics pertaining to HIV/AIDS were given peer education training by MAPP team members so they could share HIV/AIDS knowledge and information with fellow soldiers and officers.

Additionally, the commanding officer of one base addressed the issue of home-based care (HBC) and encouraged the MAPP team to continue their work with the soldiers and personnel there.

Because high-ranking officials in charge of large groups of soldiers and other military personnel have garnered greater support among their troops, commanding officers are now warmly welcoming and encouraging MAPP teams to educate soldiers at various levels of the defense force. Through MAPP edutainment sessions/activities, which include original video presentations, skits, and singing, soldiers have also become more aware of the counseling and testing (CT) services offered throughout the country in 14 New Start Centers. Of note, commanding officers have noted the benefit of our awareness sessions. For example, many of these officers, despite very busy schedules, have participated in MAPP day- or multi-day-long presentations from start to finish. This not only has translated to greater openness about discussing HIV and AIDS, but has helped illustrate the importance of such topics to their subordinates.

At the MAPP Remember Eliphas Education Centre, which has a garden that grows food, MAPP staff visited 3 male soldiers who were placed in an HBC program by the Ministry of Defence. Food rations of Mahangu, maize meal, and e'pap were given to each solider. There was also a request by several of the HBC caregivers for additional HBC kits for those in the military's HBC program. In addition, 30 soldiers were trained in the provision of general palliative care. An additional 43 troops were trained in CT methods.

Twenty-one health care workers were trained in the provision of antiretroviral therapy, and another 43 were trained in HIV-related stigma and discrimination reduction.



### **NICARAGUA**

Current efforts in HIV/AIDS prevention projects for military members in Nicaragua are being undertaken by the Uniformed Services University of the Health Sciences (USUHS) as part of a collaborative agreement between DHAPP and USUHS. Toward the end of the current reporting period, DHAPP funding was released to the implementing partner for commencement of activities. DHAPP looks forward to the start of the program in Nicaragua and forthcoming results.



### **NIGER**

DHAPP staff members have maintained contact and collaborative interaction with military officials and US Embassy staff in Niger to plan for future activities to expand their established comprehensive HIV/AIDS prevention/education program for military members in their country. As of this reporting date, no proposal for continued military assistance has been received for consideration by the DHAPP; therefore, at this time, no funding has been sent to Niger.



#### **NIGERIA**

The Nigerian Ministry of Defense (NMOD) – US DoD Emergency Plan (EP) effort covers the following EP categories: prevention of mother-to-child transmission (PMTCT), home-based care (HBC), treatment and care for tuberculosis (TB) among HIV positive personnel (TB/HIV), counseling and testing (CT), antiretroviral therapy (ART), lab development, and strategic information. Country operational plan (COP) 2005 funding was made available the final week of June 2005 and has facilitated commencement of activities. Previously, Nigerian military activities had funded by 2 sources: research funding from DoD and the National Institutes of Health, and DHAPP fiscal year 2004 funds. The DHAPP funding has been obligated for refurbishments at Mogadishu Barracks and laboratory equipment. The research funding has been utilized for site visits to Nigeria and Nigerians to the United States, in preparation for the EP and to explore research opportunities.

The NMOD-USDoD relationship included the formation of a military steering committee (co-chaired by the Nigerian Minister of State for Defense and the US Ambassador) and an implementation group. The implementation group is empowered by the steering committee to execute the EP and make recommendations for future EP decisions. During this reporting period, the implementation group planned initiation of ART activities at 4 Nigerian military facilities, to treat 1200 patients with antiretroviral drugs (ARVs). Obligation of funding for equipment and training for each location has commenced. Six Nigerian military clinicians have been trained in ART delivery (at the Infectious Diseases Institute, Uganda), with additional training opportunities the next quarter. Laboratory personnel at Ikeja will be trained by US Military HIV Research Program laboratory personnel the final week in August with the arrival of laboratory equipment. Standard operating procedures for CT, Clinical Care, Pharmacy, and Laboratory have been initiated. PMTCT training, nursing, and other health care personnel ARV training is planned for the next quarter. A coordination meeting with US Agency for International Development implementing partners will be conducted the first week of July. Proposals due during the next quarter are to include COP fiscal year 2006 planning.



### PAPAU NEW GUINEA

The HIV/AIDS prevention efforts currently taking place for military members in Papau New Guinea (PNG) are being performed in collaboration with the Center of Excellence in Hawaii. During this quarter, DHAPP sent a small amount of funding to PNG for communications support, and to identify requirements for enhancing both ongoing and future initiatives for the Papau New Guinea National Defense Force (PNGNDF). In addition, the PNGNDF has been slated to receive additional funding during fiscal year 2005. As of the end of the current reporting period, these funds had not been sent yet to PNG.



### **PERU**

Current efforts in HIV/AIDS prevention projects for military members in Peru are being undertaken by the Uniformed Services University of the Health Sciences (USUHS) as part of a collaborative agreement between DHAPP and USUHS. Toward the end of the current reporting period, DHAPP funding was released to the implementing partner for commencement of activities. DHAPP looks forward to the start of the program in Peru and forthcoming results.



### **RUSSIA**

DHAPP is currently engaged in a collaborative interaction with military officials and US Embassy staff in Russia for the implementation of important HIV/AIDS prevention efforts in military members there. Although DHAPP funding was provided for HIV prevention efforts in Russia during this reporting period, no reporting data were received as of the submission of the required quarterly updates.



#### **RWANDA**

DHAPP staff members have maintained contact and collaborative interaction with military officials and US Embassy staff in Rwanda to plan to expand their established comprehensive HIV/AIDS prevention/education program for military members in their country, specifically in the area of care. As of this reporting date, DHAPP desk officers have maintained active roles as members of the Rwanda country core team at the Office of the Global AIDS Coordinator, providing support to the country team in its implementation of funding from the President's Emergency Plan for AIDS Relief. These efforts include a staff visit to Rwanda with the core team planned for August 2005.

Although significant funding has been sent to Rwanda for prevention efforts there, no data had been received as of the completion of the current reporting period.



### SAO TOMÉ

The Walter Reed-Johns Hopkins Cameroon Program is committed to providing technical assistance to Central African militaries to improve their HIV/AIDS prevention programs. To meet this objective, a statement of work was refined for efforts in Cameroon, Gabon, Congo-Brazzaville, Chad, Sao Tomé, Equatorial Guinea, and Congo-Kinshasa. During cycle 1 (July to September 2005), initial efforts will be taking place in Cameroon, as well as Gabon, Congo-Brazzaville, and Chad, with emphasis on sexually transmitted infection treatment and care, training military peer educators, and training laboratory technicians on the use of rapid testing kits. Cycle 2 will involve Sao Tomé, Equatorial Guinea, and Congo-Kinshasa, and will expand upon the efforts commenced during the next reporting quarter. DHAPP anticipates successful programs in all 7 Central African militaries and impressive results beginning during the fourth quarter of fiscal year 2005 toward these important targets in prevention and care.



#### SENEGAL

The Senegalese Armed Forces (SAF) have chosen to approach the prevention of sexual transmission by integrating the three primary modes of prevention: abstinence, being faithful, and promoting the use of condoms. They have been very successful in the development of these programs. During this quarter, 1312 soldiers (1310 men, 2 women) were reached in community outreach/peer education efforts that emphasized a comprehensive prevention message. One constraint SAF has faced is the lack of standardized peer education training. This is rectified by consulting with other DHAPP-supported militaries to create Senegal-appropriate HIV/AIDS peer education materials to be used in the training of trainers and distributed to peer educators working at the troop level.

SAF has funded 21 condom service outlets. The SAF AIDS—Armee program has purchased 75,000 condoms for troop distribution, 500 wooden penises to be used by peer educators for demonstration, and 55 STOP AIDS board games, which will be placed in camp social areas used by troops. The Senegalese military has 8 service outlets participating in medical transmission safety programs.

SAF reported 9 service outlets providing counseling and testing (CT) services for military members. During the reporting period, 1731 male soldiers received their test results in these facilities. Eighteen soldiers were trained in the provision of CT services. All recruits go through training together for a 6-month period. SAF AIDS-Armee program uses this time for mass sensitization efforts and encourage troops to use available CT services. At the last influx of recruits in May, there was a 100% acceptance of CT participation. In addition to this, a training of trainers was held to instruct midwives and military health personnel in HIV/AIDS counseling techniques. These people are now placed at the 9 CT centers and will be called upon once the 3 planned centers are opened in the southern region of Senegal to assist in training more personnel.

There are three service outlets providing prevention of mother-to-child transmission of HIV (PMTCT) services to Senegalese soldiers and family members. As of the end of this reporting period, 260 military pregnant women had been provided with PMTCT services

including CT, and 2 had been provided with a complete course of antiretroviral prophylaxis. This includes training midwives to provide counseling services, doctors to administer ARV prophylaxis and therapy, and laboratory technicians to be competent in carrying out lab tests and maintaining confidentiality. There are 5 other PMTCT service outlets that are not fully operational at the time of this report.

SAF has 18 service outlets providing general HIV-related palliative care for infected troops and families. During this reporting period, 73 military patients received palliative care services, including care for tuberculosis (TB)/HIV. Four patients were given TB-preventive therapy. Within the SAF HIV/AIDS care system, palliative care consists principally of treating opportunistic infections and providing antiretroviral therapy (ART). In the future, they hope to put more emphasis on providing psychosocial care. At this time, World Bank is providing the funds to purchase medications for treating opportunistic infections and funds for ARVs to the Senegalese government, which in turn, distributes them to treatment centers. SAF operates 2 hospitals and 16 Centre Medical de Garnison, staffed by personnel trained with DHAPP funds. For the most part, members of the military can receive ART at the 2 SAF-operated hospitals. However, some military members receive therapy at civilian hospitals due to the distance between their post and the SAF hospitals.

Two sites are providing antiretroviral therapy for the SAF. During the reporting period, 2 adult patients initiated therapy. Another adult had already been established, leading to a total of 3 patients on therapy at the end of the reporting period.

Two military laboratories in Senegal have the capacity to perform CD4 and HIV tests. SAF is currently in the process of assessing needs at 3 future lab sites in the southern part of Senegal. Rehabilitation and equipping costs will be covered with DHAPP funds. Within the next 6 months, SAF's ability to provide modern and efficient CT will be greatly increased. These 3 labs will service more than 5 battalions and their families.



### **SERBIA-MONTENEGRO**

DHAPP staff members have continued collaborative efforts with Serbian military officials and US Embassy staff to establish a comprehensive HIV/AIDS prevention/education program for military members in Serbia-Montenegro. DHAPP funding for these efforts has been approved and is planned to be sent in the upcoming quarter. As of this reporting date, no funding has been sent to Serbia-Montenegro.



### **SIERRA LEONE**

DHAPP is currently engaged in a collaborative interaction with military officials and US Embassy staff in Sierra Leone for the implementation of important HIV/AIDS prevention efforts in military members there. Although DHAPP funding was provided for HIV prevention efforts in Sierra Leone during this reporting period, no reporting data were received as of the submission of the required quarterly updates.



#### **SOUTH AFRICA**

The South African National Defence Force (SANDF) reported continued impressive accomplishments during this reporting period, specifically in the areas of care and counseling and testing (CT). During this quarter, SANDF implemented 15 community outreach programs with specific focus on abstinence and/or being faithful, reaching 1161 military members (751 men, 363 women, 47 unknown gender). Sixty-three additional community outreach programs with comprehensive prevention messages reached 882 soldiers. In addition, 403 targeted condom service outlets were functioning during this reporting period.

One hundred and four service outlets functioned with the minimum package of services for prevention of mother-to-child transmission of HIV (PMTCT), providing services to 290 pregnant women and providing 7 of these with a complete course of antiretroviral prophylaxis. Additionally, 48 military members were trained in the provision of PMTCT services.

One hundred and five service outlets provided CT for SANDF members, and a total of 816 patients received CT services in these centers (432 men, 384 women). In addition, 81 individuals were trained in CT according to national standards.

SANDF service outlets provided general HIV-related palliative care to a total of 6176 patients. Three hundred and thirty-two providers were trained in non-antiretroviral-therapy (ART) palliative care, and another 94 were trained in the provision of ART-related care.

One laboratory functioned with the capacity to perform HIV or CD4 tests. Five members were trained in blood safety, and another 4 in injection safety.



### **SURINAME**

DHAPP has continued to work with Suriname military officials and US Embassy personnel to commence the establishment of a comprehensive HIV/AIDS prevention/education program. During the current reporting period, no funding was sent to Suriname.



#### **SWAZILAND**

The Swaziland military HIV prevention program continued to report significant accomplishments during this reporting period, specifically in the area of community outreach efforts focusing on abstinence and/or being faithful. During this quarter, 90 soldiers (83 men, 7 women) were reached with community outreach prevention programs. Sixty military members were trained in the provision of prevention programs. An additional 50 soldiers (45 men, 5 women) were reached in community outreach/peer education efforts that emphasized a comprehensive prevention message beyond abstinence and/or being faithful only. Fifty troops were trained to provide the comprehensive prevention message. In addition, they have funded 5 condom service outlets.

Swaziland reported 2 service outlets providing counseling and testing (CT) for military members. During the reporting period, 60 soldiers received their test results in these facilities (41 men, 19 women). Four individuals were trained in CT during the reporting period.

Swaziland has 2 service outlets providing tuberculosis (TB)-specific HIV-related palliative care for infected troops and families. During this reporting period, 90 military patients (60 men, 30 women) received palliative care services, with an additional 78 (60 men, 18 women) receiving care for TB/HIV. Three health care workers were trained in palliative care, with an additional 6 trained in the provision of TB prophylaxis for HIV-infected individuals.

Swaziland had 1 service outlet providing antiretroviral therapy (ART). Eighty-six military patients had received treatment by the end of the reporting period (42 adult males, 27 adult females, 3 pediatric males, 2 pediatric females); 12 patients newly initiated treatment regimens (7 adult males, 4 adult females, 1 pediatric male). Five health workers were trained in the provision of ART.

One laboratory has the capacity to perform CD4 counts, but is still awaiting a biochemistry analyzer.



### **TAJIKISTAN**

DHAPP is currently engaged in collaborative interaction with military officials and US Embassy staff in Tajikistan for the implementation of important HIV/AIDS prevention efforts in military members there. DHAPP funding is set to be sent to Tajikistan in the early part of the next quarter, in support of laboratory capacity, counseling, testing and education centers for military personnel, and infrastructure development for the program. As of the end of the current reporting period, funding for these activities had not been sent.



#### **TANZANIA**

The Tanzanian People's Defense Force (TPDF) Emergency Plan (EP) activities cover 5 major areas: prevention program, counseling and testing (CT) services, prevention of mother-to-child transmission of HIV (PMTCT) services, care and treatment services, and military HIV policy development. The US Army in-country partner, PharmAssess International (PAI), has developed a detailed fiscal years 2005-2006 work-plan (as of May 05) as well as comprehensive health facility and CT/PMTCT assessment tools (in Oct 04–Jun 05) in collaboration with the Tanzanian National Care and Treatment Plan (NCTP). Initial health facility and laboratory assessment technical assistance visits have been made by PAI and US Military HIV Research Program teams (Oct 04–Jun 05) to 6 of the 8 military hospitals targeted for EP-related assistance. Family Health International, another nongovernmental organization working directly with TPDF medical officials and the NCTP, has worked on expanding access to antiretroviral therapy (ART) to a total of approximately 350 patients (300 military and 50 dependents) during the period October 2004–March 2005 at the central referral hospital in Dar, Lugalo General Military Hospital (GMH). In addition to Lugalo GMH, 3 other military hospitals in Mwanza, Arusha, and Zanzibar have already referred a total of at least 89 patients (40, 35, and 14, respectively), to regional/referral centers for ART.

Upcoming plans call for expanding ART to at least 1000 patients at Lugalo GMH and 250 patients each at Mbeya and Mwanza military hospitals in FY05-06. Concomitant with this expansion of ARV treatment and care services, significant upgrading of laboratory and health facility equipment will be undertaken at Lugalo GMH, Mbeya and Mwanza military hospitals. Other areas/services to be provided in FY05 are as follow: (1) Prevention program will be expanded to cover approximately 200,000 persons and 5000 recruits, with 150 peer educators and 15 trainers to be trained; (2) CT services will be expanded to a total of 8000 individuals at 6 sites with 20 health care workers to be trained; (3) PMTCT services will be expanded to a total of 6000 women at 4 sites, 350-400 (5-7%) of which are to receive nevirapine prophylaxis and 24 health care workers to be trained; and (4) TPDF policy will be reviewed for medical access to HIV-positive personnel and dependents and establishment of a standardized HIV testing policy, with approximately 40,000 military personnel and TPDF civilians to be trained.



#### **THAILAND**

DHAPP has continued to work with the Thai military in support of their comprehensive HIV/AIDS prevention/education program. The bilateral program with the Thai military is relatively new and funding is slated to be sent early next quarter in support of the enhancement of regional prevention and control of HIV/AIDS through capacity and partnership building, technical training, and training of master trainers.

In addition to bilateral efforts in Thailand, DHAPP provided funding to support 36 delegates from 18 Asia Pacific nations (Bangladesh, Philippines, Tonga, Fiji, India, Vietnam, Papua New Guinea, Malaysia, Mongolia, Indonesia, Thailand, Sri Lanka, and Nepal) to attend the *Asia Pacific Regional HIV/AIDS Treatment and Care Workshop* in Bangkok, Thailand. The 4-day workshop was held at Phramongkutklao Military Medical Center (PMMC), Armed Forces Research Institute for Medical Sciences (AFRIMS).

The workshop was organized by the Center of Excellence, the Royal Thai Army (RTA), PMMC, and AFRIMS. It was supported by DHAPP, Walter Reed Army Institute for Research, the United Nations Development Programme, Family Health International, and the US Agency for International Development. The objectives of this workshop were (1) to give an overview of HIV/AIDS prevention and treatment technologies; (2) to enhance military medical capacity to provide effective HIV/AIDS counseling and education across a continuum of care; (3) to provide accommodative learning through hands-on counseling sessions and role-playing; (4) to encourage community and capacity building to create an effective environment for the prevention and treatment of HIV/AIDS; (5) to facilitate partnership building among the represented countries, with an emphasis on sustainable networks and sharing best practices and lessons learned to better combat the HIV/AIDS pandemic; (6) to continue to expand the regional hub of military medical professionals with expertise; and (7) to develop master trainers via a train-the-trainers format and provide materials, resources, and partnerships for subsequent in-country training. The workshop was considered a success by all participants.



### **TOGO**

DHAPP staff members have maintained contact and collaborative interaction with military officials and US Embassy staff in Togo to plan for future activities to expand their established comprehensive HIV/AIDS prevention/education program for military members in their country. As of this reporting date, no funding has been sent to Togo.



### TRINIDAD AND TOBAGO

Current efforts in HIV/AIDS prevention projects for military members in Trinidad and Tobago are being undertaken by the Uniformed Services University of the Health Sciences (USUHS) as part of a collaborative agreement between DHAPP and USUHS. Toward the end of the current reporting period, DHAPP funding was released to the implementing partner for commencement of activities. DHAPP looks forward to the start of the program in Trinidad and Tobago and forthcoming results.



#### **UGANDA**

The Ugandan People's Defense Force (UPDF), with support from DHAPP, has continued to fight HIV/AIDS among its troops and the communities in which they live. Support to the UPDF has been most apparent in prevention, counseling and testing (CT), and care and support of people living with HIV/AIDS.

Capacity building for the medical services has been a major focus for the program. Training of personnel as counselors, laboratory technicians, and peer educators has been critical. In addition, support in the form of supplies, materials, and equipment has allowed for establishment of program infrastructure.

Twelve static CT centers were established, providing counseling and testing for military members, their spouses, and members from the surrounding communities. During the reporting period, more than 4194 have accessed these services, for a total of over 10,000 since the inception of the program. Outreach for CT has increased these numbers because it ensures testing for those who cannot easily access the CT sites themselves.

Condom distribution is ensured beyond the division level using Post-Test Clubs, which serve as a network for those living with the disease to share with and encourage each other. Post-Test Clubs also raise awareness among the troops by encouraging people who are HIV negative to make efforts to "stay negative."

The program is in the process of procuring drugs to treat sexually transmitted infections and opportunistic infections. Training of 20 nurses and physicians in HIV care has been conducted. Monitoring of patients on antiretroviral drugs is done with support from the Centers for Disease Control and Prevention, and treatment for military members, with support from the Presidents Emergency Plan for AIDS Relief (PEPFAR) began in May.

UPDF, with support from DHAPP and the PEPFAR, is also in the process of preparing to conduct a seroprevalence/behavioral survey to determine the exact burden of the disease. In addition, UPDF will also adequately plan to support all those affected. This project will commence within the next 2 months.



### **UKRAINE**

DHAPP is currently engaged in a collaborative interaction with military officials and US Embassy staff in Ukraine for the implementation of important HIV/AIDS prevention efforts in military members there. DHAPP funding was provided for startup efforts in HIV prevention efforts in Ukraine during this reporting period. The quarterly data received indicated the commencement of a program, with no reportable numbers as of the end of the period. DHAPP looks forward to continued collaboration and targeted results as the program progresses.



#### **UZBEKISTAN**

DHAPP staff members have continued collaborative interaction with military officials and US Embassy staff in Uzbekistan to establish a comprehensive HIV/AIDS prevention/education program for their country. The proposal received last quarter, in collaboration with the Naval Medical Research Unit-3 in Cairo, has been approved in part and activities should commence soon.

DHAPP staff anticipate future success and results directly in support of the targets set by the military efforts of HIV prevention in Uzbekistan. To date, funds were transferred to support the travel of 1 Uzbek physician to travel to San Diego for the April–May 2005 *Military International HIV Training Program* course. Feedback from the participant indicated that the course content was well received and should provide valuable insight as the military commences HIV/AIDS prevention, care, and treatment programs in their country.



#### VIETNAM

The HIV/AIDS prevention efforts currently taking place for military members in Vietnam are being performed in collaboration with the Center of Excellence (COE) in Hawaii. In addition, DHAPP staff members have maintained contact and collaborative interaction with military officials and US Embassy staff in Vietnam as they plan to expand their established comprehensive HIV/AIDS prevention/education program for military members in their country. As of this reporting date, DHAPP desk officers have maintained active roles as members of the Vietnam country core team at the Office of the Global AIDS Coordinator, providing support to the country team in its implementation of funding from the President's Emergency Plan for AIDS Relief. Although DHAPP funding was provided for HIV prevention efforts in Vietnam during this reporting period, no reporting data were received as of the submission of the quarterly updates. Additional funding is slated to be sent to US Pacific Command (USPACOM)/COE in accordance with the fiscal year 2005 country operational plan for Vietnam as further information is received regarding selected elements of the plan.

In addition, as a complementary effort to the initial bilateral work in Vietnam, USPACOM/COE, the US Army Pacific Command, and the military medical department of the People's Army of Vietnam organized 1 plenary and 3 breakout sessions on HIV/AIDS for the 15th *Asia Pacific Military Medicine Conference*. These sessions, designed around the theme "Making a Difference," provided insight for military medical personnel on the accomplishments and progress of militaries within the Asia Pacific region in the fight against HIV/AIDS. The plenary session, held May 10, included subject matter expert speakers from the military medical communities of India, Vietnam, and Thailand. The breakout sessions were held May 9–11 and included speakers from the US Army, the Cambodian military, the Royal Thai Army, the Joint United Nations Programme on HIV/AIDS, COE, the Papau New Guinea Defense Force, the Beijing Institute of Infectious Diseases, the Nigerian Army, the Ugandan People's Defense Force, the Indian Armed Forces, and the University of Hawaii. Participant feedback indicated that the conference was very helpful in their overall understanding of the pandemic and programmatic steps for prevention, care, and treatment in the military.



#### **ZAMBIA**

The Zambian Defense Force (ZDF) continued to report significant accomplishments in its prevention efforts. Ten additional peer educators were trained during the reporting period. Two ZDF drama groups toured 20 ZDF units in 5 provinces, reaching a population of 3619 people including ZDF personnel and family members, with dramas addressing a range of HIV/AIDS-related topics and facilitating group discussions on the same. One HIV-positive ZDF officer was involved in HIV/AIDS awareness campaign meetings in 4 ZDF units in the Western Province of Zambia, reaching 3400 people. Peer educators managed to reach 4396 people (3261 men, 1135 women) with HIV/AIDS prevention through ongoing community outreach activities (based on 32 of 69 units reporting). Six hundred and sixteen troops and their families were provided with palliative care for HIV (350 men, 266 women).

Six hundred and thirty-nine troops (294 men, 345 women) were tested for HIV and received their results. Thirty-two of the total 69 Counseling and Testing (CT) centers set up in ZDF health facilities submitted CT numbers during the reporting period. A support group for people living with HIV/AIDS was established at one of the ZDF sites. The supply of HIV test kits continues to be erratic in most ZDF health facilities. Many continue to shun CT services because of the stigma associated with HIV/AIDS.

A seroprevalence/behavioral study was completed and results disseminated. Comments from the dissemination meeting are being reviewed and incorporated into a final report. The submission of field activity reports on routine HIV/AIDS activities in the ZDF units continues to be a major challenge. Although there has been an improvement in the number of units submitting their field reports, there are still a large number of units that are not doing so.



### **ZIMBABWE**

DHAPP is currently engaged in a collaborative interaction with military officials and US Embassy staff in Zimbabwe for the implementation of important HIV/AIDS prevention efforts in military members there. Although DHAPP funding was provided for HIV prevention efforts in Zimbabwe during this reporting period, no reporting data were received as of the submission of the required quarterly updates.